

Promoting Positive Solutions

QUESTION: *I have several friends who have disabilities. Some had polio; some have a spinal cord injury. I find that they rebuff my attempts at being their friend or helping them, just as I do anyone without a disability. I know they want to be independent, and I want to respect that, but it can be frustrating. Do you have any suggestions?*

Response from Rhoda Olkin, PhD:

In answering this question I made the assumption that the writer does NOT have a disability. I really like this question, because it has many nuances to it. Let me take the issues one at a time. First, why is it frustrating to you when your friends decline help? Here's the image I have: You are watching a person with, say, polio, who is doing a task and it is taking much longer and more energy than it would take a non-disabled person. Your thoughts are something like, *"that looks hard and/or painful, let me just do it for her. Here, let me help,"* you say.

Here are your friend's thoughts: *"How patronizing. I was doing it just fine. By taking the task over she is saying that doing it my way is less than, not good enough. Once again I'm being told that disability is not just a difference but a deficit. I resent that."* In this scenario each of you has such a different perspective on the same situation that you both feel misunderstood and perhaps devalued (her as a person with a disability, you as a friend).

Second, you may be guilty of what Beatrice Wright (a writer, researcher and University of Kansas professor who wrote one of the seminal books about disability) called the "spread effect," i.e., attributing something to disability when it has nothing to do with it. Wright's example was thinking that a boy with a physical disability was good at the violin because he had lots of time to practice since he couldn't do sports or play outdoor games with his friends. Note that both parts of this equation may be

true (i.e., he can't do many sports or outdoor games; he is good at the violin), but are nonetheless unrelated. Similarly, your friend may have a disability, she may decline your assistance, and these two things may be unrelated.

Third, you say you "have several friends who have disabilities." *Friends* is a word with many shades of meaning. For example, I have a small inner circle of friends, and a new one gets in only every five years or so; my next-level circle is also small, and it includes people I like only in context (e.g., at work), and the next level is *everyone else*. My sister has an even smaller circle of close friends but a very large next-level circle with many friends.

My point is this. I behave differently with these different levels of friends. What I like when it is proffered from someone in my inner circle may be the same thing that offends me when someone from the next outer-level circle offers the same thing. Conversely, when a stranger takes over a task for me I may just smile and say *"thank you"* because it's not worth the time to educate everybody. But if an associate at work does it, I might decline with an explanation, because it is worth the time to educate a co-worker. Hard to know the rules, huh!

So the only way out of this jam is to be able to talk directly with your friend about help, what you mean when you offer it, what it means to her when you offer it and what it means to each of you if she accepts or declines it. If she isn't a good enough friend

"Spread effect:"
The power of single characteristics to evoke other inferences about a person.

to have this conversation with you, then I'm guessing the offer of help is unwelcome.

I apologize if I sound harsh. I'm trying to convey the complexity of meanings in a simple act of saying "*may I help you with that?*"

Response from Stephanie T. Machell, PsyD:

In answering this question I assumed that the writer DOES have a disability. From what you're saying, I wonder if you are making some incorrect assumptions about making friends and helping others with disabilities.

In making friends, it's important to remember that friendships can be on many levels and based on many kinds of shared experiences, including a shared experience of disability. It is wonderful to share experiences and give and receive support when the other person "gets it." However, not every person with a disability wants to have other friends with disabilities. And not every person with a disability wants to be friends with every other person with a disability. If you are assuming that every person with a disability should want to be your friend simply because you both have disabilities, or that there will be an automatic close relationship because you both have disabilities, you are very likely to be disappointed.

True friendships may start with common interests or experiences but take time to develop. If you assume too much intimacy too quickly, that is off-putting for most people. And as trite as the phrase, "To have a friend, you must be one," may sound, it is a reminder of the importance of being

non-patronizing, respectful and interested in the other person's experiences as well as in sharing your own.

I am sure you, as a person with a disability, have been on the receiving end of unwanted and inappropriate "help." My family members, friends and clients who have disabilities all tell stories about such experiences with TABs (temporarily able-bodied). While these stories are often funny, they are never flattering to the "helper," who is at best seen as well-meaning and at worst as behaving in an offensive and patronizing manner. For someone with a disability, being on the receiving end of such help from someone who (as my father would say) should know better would likely be seen as even more offensive and patronizing. If this is part of what is happening in your relationships with others with disabilities, it may explain why you are being rebuffed.

Offering help – or, worse yet, simply assuming you know what help is needed and taking over – with something someone can do and/or is already doing independently is not likely to be welcomed. In my experiences as a TAB growing up with a parent with a disability, as well as with friends and clients with disabilities, I have learned that it is always best to wait to be asked for help rather than to assume that I know what help is needed. If it seems appropriate, I let others know that I am available to help, but won't unless asked.

The most important element in reducing frustrations of all sorts is communication. Communication is essential in making sure that help is given in the correct way at the correct time,

"TAB:" An acronym for Temporarily Able-Bodied, used by some people as a reminder that any person may at some time develop disabilities from accident, illness or genetics.

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Photo courtesy of WHO

New Vaccine Could Boost Eradication Efforts

A new vaccine against polio, which provides more effective protection against the two remaining strains of polio, was used for the first time in Afghanistan in December. The new bivalent oral polio vaccine (bOPV) was recommended by the Advisory Committee on Poliomyelitis Eradication (ACPE), the technical advisory group of the Global Polio Eradication Initiative, as a critical tool in providing the optimal protection needed by young children against both surviving types of the paralyzing poliovirus.

Of the three wild polioviruses (types 1, 2 and 3), type 2 has not been seen anywhere in the world since 1999. As a result, monovalent vaccines were developed to protect against types 1 and 2 with greater efficacy. The bOPV was developed to test whether it could effectively protect children living in areas where both types 1 and 3 were known to circulate.

In clinical field trials last June, bOPV was found to be at least 30 percent more effective than the traditional trivalent vaccine and almost as good as the monovalent vaccines, but in a package that could deliver both at once.

This is a great advantage in simplifying vaccine logistics and in optimizing protection using a mix of available polio vaccines according to local needs. In areas where access to children is limited by the security considerations, using bOPV maximizes the impact of each contact with a child. It could accelerate vaccination and eradication efforts in war-torn countries like Afghanistan and in countries with inadequate health systems, such as those in Sub-Saharan Africa.

The swift development and production of bOPV in 2009 was a collaborative effort of the World Health Organisation, UNICEF, vaccine manufacturers and regulatory agencies.

The bOPV is expected to be put into use in Nigeria, India and much of West Africa in the first quarter of this year. Among the ACPE's key recommendations at its recent meeting (See story on page 10) was that bOPV be introduced as rapidly as possible. ▲

Read the news release: www.polioeradication.org/content/pressreleases/20091215.ENG.asp

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as well as in making and deepening friendships. Assumptions tend to happen when communication isn't happening or breaks down. Asking a question is always better than assuming you know what is happening in another's mind. ▲

Dr. Rhoda Olkin is a Distinguished Professor of Clinical Psychology at the California School of Professional Psychology in San Francisco, as well as the Executive Director of the Institute on Disability and Health Psychology.

She is a polio survivor and single mother of two grown children.

Dr. Stephanie T. Machell is a psychologist in independent practice in the Greater Boston area and consultant to the International Rehabilitation Center for Polio, Spaulding-Framingham Outpatient Center, Framingham, Mass. Her father is a polio survivor.

Please send questions for Drs. Olkin and Machell to info@post-polio.org.